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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small> |  | Attorney Docket No. <b>M4065.0979/P979</b>               |  |
|   |  | First Inventor <b>Alexander Krymski</b>                  |  |
|   |  | Title <b>VARIABLE QUANTIZATION ADC FOR IMAGE SENSORS</b> |  |
|   |  | Express Mail Label No. _____                             |  |

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|---|-------------------|---|-------------------------|
| <b>APPLICATION ELEMENTS</b><br><small>See MPEP chapter 600 concerning utility patent application contents.</small>  |                   | <b>ADDRESS TO:</b><br>MS Patent Application<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450   |                         |
| <div>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br/><small>(Submit an original, and a duplicate for fee processing)</small></div> <div>2. <input type="checkbox"/> Applicant claims small entity status.<br/><small>See 37 CFR 1.27.</small></div> <div>3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages <b>32</b>]</span><br/><small>(preferred arrangement set forth below)</small><ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul></div> <div>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">[Total Sheets <b>8</b>]</span></div> <div>5. Oath or Declaration <span style="float: right;">[Total Sheets <b>2</b>]</span><div style="margin-left: 20px;">a. <input checked="" type="checkbox"/> Newly executed (original or copy)</div><div style="margin-left: 20px;">b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br/><small>(for continuation/divisional with Box 18 completed)</small></div><div style="margin-left: 20px;">i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/><small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></div></div> <div>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</div> |                   | <div>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <small>(Appendix)</small></div> <div>8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small><div style="margin-left: 20px;">a. <input type="checkbox"/> Computer Readable Form (CRF)</div><div style="margin-left: 20px;">b. Specification Sequence Listing on:<div style="margin-left: 20px;">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</div><div style="margin-left: 20px;">ii. <input type="checkbox"/> Paper</div></div><div style="margin-left: 20px;">c. <input type="checkbox"/> Statements verifying identity of above copies</div></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"><b>ACCOMPANYING APPLICATION PARTS</b></div> <div>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</div> <div>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <span style="float: right;"><input type="checkbox"/> Power of Attorney</span><br/><small>(when there is an assignee)</small></div> <div>11. <input type="checkbox"/> English Translation Document <small>(if applicable)</small></div> <div>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <span style="float: right;"><input checked="" type="checkbox"/> Copies of IDS Citations</span></div> <div>13. <input type="checkbox"/> Preliminary Amendment</div> <div>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/><small>(Should be specifically itemized)</small></div> <div>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br/><small>(if foreign priority is claimed)</small></div> <div>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).<br/><small>Applicant must attach form PTO/SB/35 or its equivalent.</small></div> <div>17. <input type="checkbox"/> Other: _____</div> |                         |
| <div>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:<br/><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____<br/><div style="display: flex; justify-content: space-between;"><span>Prior application information: Examiner _____</span><span>Art Unit: _____</span></div><div style="font-size: small;">For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</div></div>   |                   |   |                         |
| <b>19. CORRESPONDENCE ADDRESS</b>   |                   |   |                         |
| <div><input checked="" type="checkbox"/> Customer Number: <b>24998</b> <span style="margin-left: 20px;">OR</span> <input type="checkbox"/> Correspondence address below</div>   |                   |   |                         |
| Name  |                   | <b>DICKSTEIN SHAPIRO MORIN &amp; OSHINSKY LLP<br/>Thomas J. D'Amico</b>   |                         |
| Address   |                   | <b>2101 L Street NW</b>   |                         |
| City  | <b>Washington</b> | State   | <b>DC</b>               |
| Country   | <b>US</b>         | Telephone   | <b>(202) 785-9700</b>   |
|   |                   | Zip Code  | <b>20037-1526</b>       |
|   |                   | Fax   | <b>(202) 887-0689</b>   |
| Name (Print/Type)   |                   | Registration No. (Attorney/Agent)   | <b>28,371</b>           |
| Signature    |                   | Date  | <b>October 27, 2003</b> |

| FEE TRANSMITTAL<br>for FY 2004   |          |                   |          | Complete if Known   |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
|--|----------|-------------------|----------|---|----------------|-----------------------|--------|--|----------------|--------------|----------|-----------------|--------------------|----------|----------|----------|----------|--------------------|--------|--------|-----|-------------------------------------|-----|-------------------|----|------|-----|--|-----|------------------|--------------|------|--------------|---------------------------|-----------------|--------------------|----------|----------|----------|--|------|------------------------|------|---------------------|------------------------|--|------|------|--------|------|-----------------------------------|---|------|------|------|------|---------------------------------------|--|------|------|------|------|--|---|------|------|------|------|--|--|---------------------|------|-------|------|------|---|--|------|-------|------|-------|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|-------|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|
| Effective 10/01/2003, Patent fees are subject to annual revision.  |          |                   |          | Application Number  |                | Not Yet Assigned      |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
|  |          |                   |          | Filing Date   |                | Concurrently Herewith |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
|  |          |                   |          | First Named Inventor  |                | Alexander Krymski     |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
|  |          |                   |          | Examiner Name   |                | Not Yet Assigned      |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
|  |          |                   |          | Art Unit  |                | N/A                   |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
|  |          |                   |          | Attorney Docket No.   |                | M4065.0979/P979       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |          |                   |          |   |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| TOTAL AMOUNT OF PAYMENT  |          | (\$)              |          | 1,726.00  |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| METHOD OF PAYMENT (check all that apply)   |          |                   |          | FEE CALCULATION (continued)   |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None   |          |                   |          | <b>3. ADDITIONAL FEES</b><br><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td>40.00</td></tr> <tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> </tbody> </table> |                |                       |        | Large Entity   |                | Small Entity |          | Fee Description | Fee Paid           | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051               | 130    | 2051   | 65  | Surcharge - late filing fee or oath |     | 1052              | 50 | 2052 | 25  | Surcharge - late provisional filing fee or cover sheet |     | 1053             | 130          | 1053 | 130          | Non-English specification |                 | 1812               | 2,520    | 1812     | 2,520    | For filing a request for <i>ex parte</i> reexamination |      | 1804                   | 920* | 1804                | 920*                   | Requesting publication of SIR prior to Examiner action |      | 1805 | 1,840* | 1805 | 1,840*                            | Requesting publication of SIR after Examiner action |      | 1251 | 110  | 2251 | 55                                    | Extension for reply within first month |      | 1252 | 420  | 2252 | 210  | Extension for reply within second month |      | 1253 | 950  | 2253 | 475  | Extension for reply within third month |                     | 1254 | 1,480 | 2254 | 740  | Extension for reply within fourth month |  | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |  | 1401 | 330 | 2401 | 165 | Notice of Appeal |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | 40.00 | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37CFR 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  |
| Large Entity   |          | Small Entity      |          |   |                |                       |        | Fee Description  | Fee Paid       |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code   | Fee (\$) | Fee Code          | Fee (\$) |   |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1051   | 130      | 2051              | 65       |   |                |                       |        | Surcharge - late filing fee or oath                    |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1052   | 50       | 2052              | 25       |   |                |                       |        | Surcharge - late provisional filing fee or cover sheet |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1053   | 130      | 1053              | 130      | Non-English specification   |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1812   | 2,520    | 1812              | 2,520    | For filing a request for <i>ex parte</i> reexamination  |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1804   | 920*     | 1804              | 920*     | Requesting publication of SIR prior to Examiner action  |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1805   | 1,840*   | 1805              | 1,840*   | Requesting publication of SIR after Examiner action   |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1251   | 110      | 2251              | 55       | Extension for reply within first month  |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1252   | 420      | 2252              | 210      | Extension for reply within second month   |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1253   | 950      | 2253              | 475      | Extension for reply within third month  |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1254   | 1,480    | 2254              | 740      | Extension for reply within fourth month   |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1255   | 2,010    | 2255              | 1,005    | Extension for reply within fifth month  |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1401   | 330      | 2401              | 165      | Notice of Appeal  |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1402   | 330      | 2402              | 165      | Filing a brief in support of an appeal  |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1403   | 290      | 2403              | 145      | Request for oral hearing  |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1451   | 1,510    | 1451              | 1,510    | Petition to institute a public use proceeding   |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1452   | 110      | 2452              | 55       | Petition to revive - unavoidable  |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1453   | 1,330    | 2453              | 665      | Petition to revive - unintentional  |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1501   | 1,330    | 2501              | 665      | Utility issue fee (or reissue)  |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1502   | 480      | 2502              | 240      | Design issue fee  |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1503   | 640      | 2503              | 320      | Plant issue fee   |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1460   | 130      | 1460              | 130      | Petitions to the Commissioner   |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1807   | 50       | 1807              | 50       | Processing fee under 37 CFR 1.17(q)   |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1806   | 180      | 1806              | 180      | Submission of Information Disclosure Stmt   |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 8021   | 40       | 8021              | 40       | Recording each patent assignment per property (times number of properties)  | 40.00          |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1809   | 770      | 2809              | 385      | Filing a submission after final rejection (37 CFR 1.129(a))   |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1810   | 770      | 2810              | 385      | For each additional invention to be examined (37CFR 1.129(b))   |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1801   | 770      | 2801              | 385      | Request for Continued Examination (RCE)   |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1802   | 900      | 1802              | 900      | Request for expedited examination of a design application   |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: 04-1073<br>Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP  |          |                   |          |   |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| The Director is authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.   |          |                   |          |   |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| FEE CALCULATION  |          |                   |          |   |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>1. BASIC FILING FEE</b><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td>770.00</td></tr> <tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td>(\$)</td> <td>770.00</td> </tr> </tbody> </table>  |          |                   |          | Large Entity  |                | Small Entity          |        | Fee Description  | Fee Paid       | Fee Code     | Fee (\$) | Fee Code        | Fee (\$)           | 1001     | 770      | 2001     | 385      | Utility filing fee | 770.00 | 1002   | 340 | 2002                                | 170 | Design filing fee |    | 1003 | 530 | 2003   | 265 | Plant filing fee |              | 1004 | 770          | 2004                      | 385             | Reissue filing fee |          | 1005     | 160      | 2005   | 80   | Provisional filing fee |      | <b>SUBTOTAL (1)</b> |                        |  |      | (\$) | 770.00 |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity   |          | Small Entity      |          | Fee Description   | Fee Paid       |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code   | Fee (\$) | Fee Code          | Fee (\$) |   |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1001   | 770      | 2001              | 385      | Utility filing fee  | 770.00         |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1002   | 340      | 2002              | 170      | Design filing fee   |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1003   | 530      | 2003              | 265      | Plant filing fee  |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1004   | 770      | 2004              | 385      | Reissue filing fee  |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1005   | 160      | 2005              | 80       | Provisional filing fee  |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>SUBTOTAL (1)</b>  |          |                   |          | (\$)  | 770.00         |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td>Total Claims</td> <td>47</td> <td>-20** =</td> <td>27</td> <td>x</td> <td>Fee from below</td> <td>18.00</td> <td>=</td> <td>486.00</td> </tr> <tr> <td>Independent Claims</td> <td>8</td> <td>-3** =</td> <td>5</td> <td>x</td> <td>86.00</td> <td>=</td> <td>430.00</td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td>(\$)</td> <td>916.00</td> </tr> </tbody> </table> |          |                   |          | Total Claims  | 47             | -20** =               | 27     | x  | Fee from below | 18.00        | =        | 486.00          | Independent Claims | 8        | -3** =   | 5        | x        | 86.00              | =      | 430.00 |     | Multiple Dependent                  |     |                   |    |      |     |  |     |                  | Large Entity |      | Small Entity |                           | Fee Description | Fee Paid           | Fee Code | Fee (\$) | Fee Code | Fee (\$)   | 1202 | 18                     | 2202 | 9                   | Claims in excess of 20 |  | 1201 | 86   | 2201   | 43   | Independent claims in excess of 3 |   | 1203 | 290  | 2203 | 145  | Multiple dependent claim, if not paid |  | 1204 | 86   | 2204 | 43   | ** Reissue independent claims over original patent |   | 1205 | 18   | 2205 | 9    | ** Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2)</b> |      |       |      | (\$) | 916.00                                  |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Total Claims   | 47       | -20** =           | 27       | x   | Fee from below | 18.00                 | =      | 486.00   |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Independent Claims   | 8        | -3** =            | 5        | x   | 86.00          | =                     | 430.00 |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Multiple Dependent   |          |                   |          |   |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity   |          | Small Entity      |          | Fee Description   | Fee Paid       |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code   | Fee (\$) | Fee Code          | Fee (\$) |   |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202   | 18       | 2202              | 9        | Claims in excess of 20  |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201   | 86       | 2201              | 43       | Independent claims in excess of 3   |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203   | 290      | 2203              | 145      | Multiple dependent claim, if not paid   |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204   | 86       | 2204              | 43       | ** Reissue independent claims over original patent  |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205   | 18       | 2205              | 9        | ** Reissue claims in excess of 20 and over original patent  |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>SUBTOTAL (2)</b>  |          |                   |          | (\$)  | 916.00         |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| **or number previously paid, if greater; For Reissues, see above   |          |                   |          |   |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Other fee (specify) _____  |          |                   |          |   |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>SUBTOTAL (3)</b> (\$) 40.00   |          |                   |          |   |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| *Reduced by Basic Filing Fee Paid  |          |                   |          |   |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| SUBMITTED BY   |          |                   |          |   |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Name (Print/Type)  |          | Thomas J. D'Amico |          |   |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Signature  |          |                   |          |   |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Registration No. (Attorney/Agent)  |          | 28,371            |          |   |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Telephone  |          | (202) 828-2232    |          |   |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Date   |          | October 27, 2003  |          |   |                |                       |        |  |                |              |          |                 |                    |          |          |          |          |                    |        |        |     |                                     |     |                   |    |      |     |  |     |                  |              |      |              |                           |                 |                    |          |          |          |  |      |                        |      |                     |                        |  |      |      |        |      |                                   |   |      |      |      |      |                                       |  |      |      |      |      |  |   |      |      |      |      |  |  |                     |      |       |      |      |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |